SENDER: COMPLETE THIS SECTION WC	COMPLETE THIS SECTION ON DELIVERYOUS Page 1 of 1
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signeture X. Jarry Wille
Attach this card to the back of the mailpiece, or on the front if space permits.	3/8(0)
Article Addressed to:	D. Is delivery address different from item 1? [♣] ☐ Yes If YES, enter delivery address below: ☐ No
City of Wadley	8m0+a
P.O. Box 9	C& CU56 Compant
Wadley, AL 36276	3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	0810 000F 5343 0135 _
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035

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